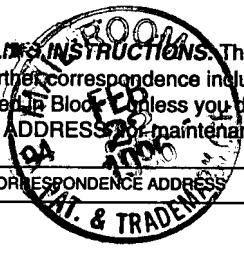


**PART B—ISSUE FEE TRANSMITTAL**

1250-142  
30-561 B

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS		2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)					
 MICHAEL W. GLYNN 7 SKYLINE DRIVE HAWTHORNE, NY 10532		INVENTOR'S NAME Street Address City, State and ZIP Code CO-INVENTOR'S NAME Street Address City, State and ZIP Code					
		<input type="checkbox"/> Check if additional changes are on reverse side					
SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT			DATE MAILED	
08/234,889	04/28/94	023	GRUMBLING, M			1202	12/08/95
First Named Applicant		ZIMMERMANN, JURG					

**TITLE OF INVENTION** PYRIMIDINE DERIVATIVES AND PROCESSES FOR THE PREPARATION THEREOF

	ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
1	419046A19689	514-252.000	R72	UTILITY	NO	\$1250.00	03/08/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
Ciba-Geigy Corporation Patent Department 520 White Plains Road P.O. Box 2005 Tarrytown, N.Y. 10591-9005	1 Karen G. Kaiser 2 _____ 3 _____

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RP80391 03/04/96 08234889	07-0590 080 142	1,250.00CH
RP80392 03/04/96 08234889	07-0590 080 561	30.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: CIBA-GEIGY Corporation	6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____
(2) ADDRESS: (CITY & STATE OR COUNTRY) Tarrytown, New York	6b. The following fees should be charged to: 07-0590 DEPOSIT ACCOUNT NUMBER _____ <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies 10 <input type="checkbox"/> Any Deficiencies in Enclosed Fees _____

A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office, filed 12-28-95. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies _____
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	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.
	(Authorized Signature) <i>Mark J. Mathias</i> Reg. No. 32,663 (Date) <i>2/20/96</i>
	NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE**

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Commissioner of Patents and Trademarks  
Washington, D.C. 20231

on February 20, 1996

(Date)

Maureen Pollock

(Name of person making deposit)

*Maureen Pollock*

(Signature)

February 20, 1996

(Date)

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